

## **Inordinate Spending Authorization**

(For items above spending limits but within budgets.)

Department:	Health					Date: <u>4/10/2020</u>			
Requestor:	Heather Struble, Ac	dministrato	r						
lkana daganintian.	Deterio (Deteriore)	/a.a.i.a.a.\							
•	Rotarix (Rotavirus \			-10		<b>5</b>		44.460.00	
Cost Per Item:	\$116.80	Quantity:		10	_	Extended Cost:		\$1,168.00	
Item description:									
Cost Per Item:		Quantity:				Extended Cost:		\$0.00	
		•			_	=		·	
Item description:		•						40.00	
Cost Per Item:		Quantity:			_	Extended Cost:		\$0.00	
Item description:									
Cost Per Item:		Quantity:				Extended Cost:		\$0.00	
				/ C	_ 	=		7.52	
	Related expenses (eg. Shipping & Handling):							7.52	
		Total Requested Spending:					\$1,175.52		
	Budget Account(s):	Fund		Dept		Object		Amount	
		800	/	24	/	306237	\$	1,175.52	
			/		_ / _				
			/		_ / .				
			′, –		_ ′,				
			′ –		_ ′ . To	tal budget lines:	\$	1,175.52	
Project description	/iustification:				10	tai baaget iiiles.	<u> </u>	1,173.32	
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	needs for immuniza	itions. will	only	order a	s nee	eded to reduce pot	entia	i ior	
vaccine wasteage.									
Attach required qu	otes and additional	documenta	ition	as need	led.				
	Approved Date:				_				
	BoCC Signature:								